DISCLOSURE SUMMARY PAGE	FORM
DISCLOSURE SUMINIARY PAGE IA FIHITS AND	DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 12/2005) REPORT
	For Office Use Only 0/2
Committee to Elect Masson DCF-17 AH 10:28	Comm. #
IMPORTANT: Indicate by # type of committee you are reporting for:	Logged In S
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party	Scanned
(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC	Computer
(11) Local Ballot Issue	Audited
CANDIDATE COMMITTEES ONLY:	5 pages
Candidate Name Mary Mascher Office Sought Down General Assembly - House Political Party (if applicable) Democrat District (if Senate or House)	V
Office Sought District (if Senate or House)	
Jowa (general Assembly-House	
Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the	and the form of the last of the
and the chairperson, for any other type of committee, is the individual responsible for filing timely and accura	ne candidate, for a candidate's committee, te reports.
SIGNATURE OF PERSON FILING REPORT TELEPHONE	2 10/16/08 DATE SIGNED
TELEPHONE	DATE SIGNED
I AM FILING A October 19, 2008 REPORT FOR (1) ELECTION /(2)	
(report date) Indicate by # /	
FOUROVIE AMENDATION OF THE PROPERTY OF THE PRO	10
CHECK IF AMENDMENT TO REPORT DATED	al Committees, enter Date of Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.	nty & Local Committees, enter County in
(You must continue to file reports until a DR-3 is filed.)	th Flection is held
<u> </u>	Johnson
STATEMENT OF CASH ON HAND	
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds hold by the	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end	244/04/
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CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD	0
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For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

CHECK THIS BOX IF

COMMITTEE NAME (Must be	e same	as on Stateme	nt of Organization)
Committee	to	Elect	Mascher

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FC FUND RAISE INCOM
1/16/68	ID# 6058 CK# 4253	Tour Chropractic Society P. A. C. Ankeny Blvd. Suit 100 Ankeny LA 50023		\$ 100 co	
7/16/08	ID# 6073 CK# 1153	Towa Medical Political Action 1001 Grand avenue Committee West Des Moines, IA 50265		25D ° 2	
7/16/08	ID# CK#	Michael Starcevich 6401 Kirkwood Bird, SW Celar Ravids, IA 52404		50°	
7/16/08	ID# CK#	Lawrence Pope 4316 Grand ave. apt 11 Des Moines, IA 50312-2450		75	
1/16/08	CK# 405	Operating Engineers Local #234 4880 Hubbell Des Moines, IA 50317		500	
1/6/08	ID# 6085 CK# 845	Town State Building & Construction trades Conneils ave. NW 110 104 ave. NW Altoma, IA 50009		150	
7/16/08	CK# 3143	Tronworkers Local # 89 Political Es weather Fund 5000 J Street SW - Cedar Rapide IA	5-2404	100	
7/24/08	ID# 9680 CK# 5730	Cela-Rapids Building Trades Colonell 5000 5 street SW Celar Rapids, IA 52404		500	
7/24/08	ID# 6429 CK# 2145	Heavy Highway PAC 2415 Ingerson are. Des Moines IA 50312-5233		500	
7/25/08	ID# 6/18 CK# 2570	I own Optometric Association Political Action Committee 1454 - 30th st. Swite 264 West Des Moines TA 50266		2000=	
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$ 2425	1

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the

1013

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	······································
COMMITTEE TO ELECT MASCHER	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS		
CHECK THIS BOX IF			

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOI FUND
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISEF INCOM
7/31/	ID# 6/16	Political Action - Lowa Dealers		\$ 100 00	
1/08	1158	West Des Moines, IA 50266		700	
3/5/08	ID# 8026	1BEW Conectional Committee 900 Seventh St. N.W.		_ @	
108	17647	Washington, De 20001		500	L
8/	ID# 6059	Towa Committee of Automotive Ketaiker	\$		
18/08	CK# 3197	1111 Office Park Rd.		20000	L
σ_{i}	ID# (063	DOWN DENTAL ASSOCIATION - PAC			
412/08	CK#	5530 West Parkwey Suite 100		1500 00	
100	2210	Johnston, IA 50131		7500	
8/11/	ID# 6060	IOWA COMMITTEE ON POLITICAL EDUCATION		92	
8/14/08	CK# 2530	2000 Walker Suite A AFL CIO Des MOINES IN 503/7		2000	
8/	ID# 6067	TOWA HEALTH PAC		00	
9/15/08	ск# 3888	6750 Westown Parkway # 100 West Des Monres, IA 50266		500	L
	ID# 6062				
8/23/88	CK# 382	Towa Certified Public Accountants PAC 950 Office Park Road Suite 300 West Des Moines, IA 50265		10000	
	ID# 6004				
9/26/08	CK#	Associated General Contractors of 701 E. Count stre Town Pre		, _ 00	
108	4781	Des Moines, IA 50309 - 4941		1500	
91	ID#	Thomas R. Scott			
9/26/08	CK#	419 E. Fairchild		100	1 L
	ID# \$ 602)	Credit Union Political Action Commit	re		1
9/27/08	CK# 2308	P.O.BOX 10409	. –	1 , 00]
	100	Des Moines, IA 50309		1,000	
	4.	1	SUB-TOTAL	\$ 5700	
	·	TOTAL (if last page	of this schedule)		1

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the

2 of 3

For Instructions, See Back of Form

Reset Form

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A (Rev. 07/03)

MONETARY RECEIPTS

CHECK THIS BOX IF

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
COMMITTEE TO ELECT MASCHER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FO
(MM/DD/YR)	(if applicable) AND PAC CHECK		(if applicable)	KECEIVED	FUND- RAISEI
	NUMBER	·	(ii applicanc)		INCOM
10/10/08	ID# 6064	Towa FO.R. E. Friends of Rural 8525 Douglas ave. Suite 48 Des Moines, IA 50322			7
19/10/	7	Clectrification		\$ 00	
1.0/08	CK# 2262	8525 Douglas ave, Suite 48		\$200=	<u> </u>
	1	Des Moines, IA 50322			
	ID#				
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			SUB-TOTAL	200	

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TOTAL (if last page of this schedule)

200

3 of 3

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the

CANDIDATE

Reset Form

PURPOSE

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

NAME AND ADDRESS TO WHOM

SCHEDULE В MONETARY (Rev. 07/03) **EXPENDITURES CHECK THIS BOX IF** AMENDING FORM

AMOUNT

COMMITTEE NAME (Must be same as on Statement of Organization) Mascher

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
1602	ID#	Johnson Country Democrit	s Sponsor fee for	
7/25/08	CK#	Johnson Country Democrat PO Book 1773 Tava City, IA 52244	s Sponsor fee for Awards Banquet	\$ 15000
5//	ID#	Ltarce Municipal Collection		4 10
8/25/08	CK#	5661 Flew Drive Des Moines, TA 50321		,
91	ID#	University of Iava	Game Reception,	00
8/26/08	CK#	Iowa City &A 52242	Game Reception, Dinner	14000
al	ID#	House Truman Fund		16
9/25/08	CK#	5661 Fleur Drive Des Moines, IA 50321	Contribution	2,000
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 7290
			TOTAL (if last page of this schedule)	\$ 7290

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)